

Request for Proposal

Town of Bethel, Connecticut

March 5, 2018

Emergency Medical Services Delivery Models

Interested firms are requested to submit eight (8) copies of their proposal to the Bethel Municipal Center, Purchasing Agent, 1 School Street Bethel CT 06801 during normal business hours by no later than 3:00 PM on Friday, April 13, 2018. Firms should anticipate making a formal presentation to a multidisciplinary Emergency Medical Services Commission within 5 business days of the submission date.

Envelopes should be sealed and clearly marked on the outside:

Bid “Proposals – Paramedic Intercept Services Delivery”

Introduction

The Town of Bethel CT, (“**Town**”) a seventeen square mile municipality (1,145 persons per square mile) is interested in obtaining quotes for the delivery of emergency medical services; including but not limited to paramedic intercept services via an emergency medical services service contract. Currently the Town is served by two separate Basic Life Support (BLS) Primary Service Area Responders (PSAR) and one Advanced Life Support (ALS) PSAR. The Service will operate at the ALS level and be capable of responding to approximately 1,600 calls annually. The successful provider will serve the Town of Bethel and work cooperatively within the Bethel CT emergency services organizational command structure and First Responder programs.

The Town of Bethel Police Department will maintain ownership of the ALS PSAR for the entire Town.

Section 1 - Summary of Services to be Provided by Successful Service

If your organization is licensed and or certified to provide these services in the State of Connecticut and is interested in providing a written proposal for paramedic intercept service to the Town of Bethel, the proposal should be for one of the following possible configurations:

Option A: As a paramedic intercept service providing at least one Paramedic to augment the Town’s two Basic Life Support providers. The paramedic shall be located within the Town’s geographic boundaries, preferably in a central location and shall respond 24 hours a day, 7 days a week.

Option B: As a paramedic intercept service providing at least one Paramedic to augment the Town’s two Basic Life Support providers as a turnkey operation providing both manpower and equipment, including vehicles. The paramedic shall be located within the Town’s geographic boundaries, preferably in a central location and shall respond 24 hours a day, 7 days a week.

Section 2 – Detailed Description of Services to be Provided by Successful Service

Option A: Paramedic Intercept Service

- Provide 100% of first call response, and at least 98% of second call response within the same time period on a 24 hours 7 day a week basis. All paramedics must be Connecticut State Licensed Paramedic with a minimum 2 (two) years ALS experience.
- All employees assigned to the Town of Bethel will require an extensive background check including but not limited to, criminal, driver license check conducted by the Town of Bethel Police Department.
- The Service should demonstrate the ability to staff additional resources during peak call periods, natural disasters, or upon request from the Town of Bethel.
- All services to be provided shall be rendered with personnel trained, certified/licensed and credentialed, for providing ALS services and shall be in conformity with all applicable laws, codes, rules and regulations of the State of Connecticut and the United States of America
- Respond to requests for mutual aid as dispatched by the Town of Bethel Public Safety Answering Point.
- The Town of Bethel Public Safety Answering Point shall be the sole authority for determining the need for emergency ambulance services.
- Attend regular oversight meetings with the Town's EMS Commissions to discuss operational issues as they arise. Propose initiatives to maintain a proactive State of the Art emergency response system.
- Provider shall carry said Paramedics on its payroll, and is solely responsible for payment of all employee related expenses, including but not limited to, Unemployment Compensation Insurance and payments, Workers' Compensation Insurance and payments and all required State and Federal taxes or contributions thereto for which an employer currently is or may, during the term of this contract, become liable. Proof of insurance is required at the time of acceptance of this Contract, and may be demanded by the Town of Bethel at any time the Contract is in effect.

Option B: Turnkey Operation

- Provide 100% of first call response, and at least 98% of second call response within the same time period on a 24 hours 7 day a week basis. All paramedics must be Connecticut State Licensed Paramedic with a minimum 2 (two) years ALS experience.
- All employees assigned to the Town of Bethel will require an extensive background check including but not limited to, criminal, driver license check conducted by the Town of Bethel Police Department.
- The Service should demonstrate the ability to staff additional resources during peak call periods, natural disasters, or upon request from the Town of Bethel.

- All services to be provided shall be rendered with personnel trained, certified/licensed and credentialed, for providing ALS services and shall be in conformity with all applicable laws, codes, rules and regulations of the State of Connecticut and the United States of America
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Section 3 - Equipment and Services to be Provided by Town (Exception for Option B)

For Option A Bidders

- Town will provide three (3) State of Connecticut OEMS certified non-transport MICP vehicles. The vehicles will have the capability to receive and transmit on all Town of Bethel Emergency Services radio frequencies. Also the ability to communicate with Northwest CT CMED and the Danbury Hospital Emergency Department via two-way radio.
- Town shall provide one complete set of advanced life support equipment as specified by CT DPH/OEMS and WCHN Sponsor Hospital guidelines for MICP services.
- Town will maintain ownership of, and provide maintenance, insurance, housing and fuel for all vehicles assigned to the program.
- Town shall maintain all communication gear, patient care and transport equipment so that it is available in good serviceable condition.

For Option B Bidders:

- Service will assume full responsibility, ownership, and maintenance of all operational aspects of the Paramedic Intercept service including but not limited to capital vehicles, maintenance, insurance, housing, human resources and any other operational components of managing a Paramedic Intercept program.

Section 4 – Period of Engagement

The Town is seeking proposals for paramedic intercept services for the time period July 1, 2018 through June 30, 2021, and thereafter subject to satisfactory completion of work for two additional years. Both the Town and the service provider shall have the right under the terms of the proposed contract, to cancel the contract as of July 1, of any year on notice to the other party at least 180 days prior to that July 1.

Section 5 – Insurance

The successful Service shall provide the Town of Bethel with the following insurance:

- **Commercial General Liability Insurance.**
The successful Service shall provide Commercial General Liability insurance with a combined single limit of \$1,000,000 per occurrence and \$2,000,000 aggregate for bodily injury and property damage.
- **Commercial Automobile Liability Insurance.**
The successful Service shall provide Commercial Automobile Liability insurance with a combined single limit of \$1,000,000 per occurrence, \$2,000,000 aggregate, and shall include coverage for all owned, hired, and non-owned vehicles.
- **Worker's Compensation Insurance.**
The successful Service shall provide Worker's Compensation Insurance per statute in the required amount as applies to the State of Connecticut and Employers including but not limited to bodily injury, including personal injury, sickness or disease and/or death.
- **Umbrella Liability Insurance.**
The successful Service shall provide Commercial Umbrella Liability insurance with a combined single limit of \$5,000,000 per occurrence, \$5,000,000 aggregate for bodily injury and property damage covering the insurances as noted in the three previous sub-sections.
- **Errors/Omissions-Professional Liability Insurance.**
The Service shall maintain Medical Malpractice Insurance coverage, in the amount of \$10,000,000 per occurrence, \$10,000,000 aggregate with Town approved carriers, for the duration of this Contract.
- **Subrogation and Additional Insured.**
 - Each policy of insurance provided by the successful Service, with the exception of Professional Liability and Worker's Compensation Policies, shall include a waiver of subrogation in favor of the Town of Bethel,
 - Each policy shall provide no less than thirty (30) days notice to the Town of Bethel in event of a cancellation or changes made to any policy and the Service shall also notify the "Town" in writing of any such changes, including the change of a carrier or amounts in coverage at least thirty (30) days prior to the effective date of such proposed change.

- The Commercial General Liability, Automobile, Umbrella Liability and Errors/Omission insurance shall name the Town of Bethel as an additional insured and be primary and non-contributory to the insurance coverage of the Town of Bethel.
- Certificates of Insurance, acceptable to the Town of Bethel shall be delivered to the Town of Bethel prior to the commencement of any work and kept in force throughout the term hereof.
- The above insurance requirements shall also apply to the successful Service's sub-consultants and/or subcontractors and the successful Service shall not allow any sub-consultants and/or subcontractors to commence work until the sub-consultants and/or subcontractors' insurance has been so obtained and approved.
- The above insurance requirements and certificates are subject to final approval by the Town's Insurance agent as to form and substance and could require changes in the types of coverage and limits.
- Failure to produce proof of insurance on demand or changes in insurance shall be conclusive proof of failure to have such insurance and shall be a material breach of this Contract which shall entitle the Town to immediately cancel this Contract and pursue its remedies at law for the breach.

Section 6 – Format of Proposals

To enable the Town to compare the proposals received, we ask that your proposal include the information specified below, in the sequence specified, corresponding to the bulleted items below.

- Affirm that the proposer is a company properly licensed and or certified to provide ambulance/paramedic services in the State of Connecticut. A copy of your current license/certification to provide the services being proposed shall be included. Indicate whether your company is local, regional or national on the scope of its business.
- Indicate the address of your home office.
- Indicate whether your service has been the subject of any disciplinary action by any branch of the Federal government or any State's licensing authority or regulatory agency in the last ten (10) years and, if it has been, describe that disciplinary action.
- Indicate the partners, managers, specialists or other staff persons who will be assigned to the Town of Bethel account. Describe their roles and provide a brief description of their professional experience and whether any of them have been the subject of any disciplinary action by any branch of the Federal government or any State, including any State's licensing authority or regulatory agency in the last ten (10) years and, if they have been, describe that disciplinary action and the basis for it.
- Provide the resumes of the principal officers and directors of the company, if any, and if any current principal officer or director has been the subject of any disciplinary action by any branch of the Federal government or any State, including any State's licensing authority or regulatory agency in the last ten (10) years and, if they have been, describe that disciplinary action and the basis for it.

- Please provide a list any claims, disputes, or arbitration proceedings that have occurred on any projects and/or contracts where your firm was providing medical emergency services has been involved with in the last five (5) years. Indicate who they were with and give a status of each even if still pending.
- Please provide a list any projects and/or contracts where your firm was providing medical emergency services in the last five (5) years for which your firm was removed, contract terminated or your firm chose to leave during the project/contract period.
- Please provide any information concerning any suits filed, judgments entered or claims made against your firm during the last five (5) years with respect to your firm's providing medical emergency services, or any declaration of default or termination for cause against your firm with respect to such services. In addition, state whether during the past five (5) years your firm or your proposed consultant(s) has been suspended from bidding or entering into any government contract.
- Indicate your company's financial capacity to provide the services outlined in this request for proposals and provide the latest copy of your company's Financial Report certified by a licensed CPA.
- Indicate any municipal governments or hospital systems for which your service provides emergency ambulance or paramedic intercept services of a similar type to that outlined in this request for proposals. Include at least five references of your proposal, where similar size and scope has been completed. References should include contact name, telephone number and address.
- Indicate the fee your company would charge the Town of Bethel for the provision of services outlined in this request for proposals. The fee structure shall include a detailed list of all expenses to be included. The proposed fee schedule should reflect the entire term of the contract.
- In the interests of achieving the highest possible cost efficiencies, the Town of Bethel has historically worked collaboratively with the Town of Redding in the past to support a Regional Paramedic Intercept Program. Bidders are encouraged to offer, as an option/alternative, proposals for shared paramedic intercept services involving any town or towns that share a contiguous border with the Town of Bethel (Danbury, Brookfield, Newtown, Redding). The fee structure shall include a detailed list of all expenses to be included. The proposed fee schedule should reflect the entire term of the contract.
- Provide any other information that you believe will assist the Town of Bethel in making its selection. Such information may be included in the last section of your proposal or may be presented in one or more appendices.

The Town of Bethel reserves the right to accept or reject any and all quotations. The quality of service, longevity of the provider and experience of those assigned to the program shall be a priority in the awarding of this bid.